



**APPLICATION FOR WILD ANIMAL
REHABILITATION PERMIT**

State Form 27020 (R7/ 7-08)
DEPARTMENT OF NATURAL RESOURCES

**DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FISH AND WILDLIFE**

402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone: (317) 233-6527
Fax Number: (317) 232-8150

INSTRUCTIONS:

1. Please print or type information.
2. Be sure to read all regulations.
3. Attach additional sheets for explanation if necessary.
4. All sections must be complete before submitting to the address shown above.

Check one: ☐ New Applicant ☐ Renewal (Annual Report Required)

Name of applicant _____ Date _____
Last name First name Middle initial

Date of birth _____ Driver's License number _____

Address (number and street or rural route) _____

City _____ State _____ ZIP code _____

County _____ Telephone number () _____

E-mail address _____

SPECIES INTENDED TO REHABILITATE

Mammals: ☐ Yes ☐ No If yes, please list species: _____

Reptiles: ☐ Yes ☐ No If yes, please list species: _____

Amphibians: ☐ Yes ☐ No If yes, please list species: _____

Birds*: ☐ Yes ☐ No If yes, please provide your federal permit number: _____

*If you do not have a federal permit number, do you have one pending? ☐ Yes ☐ No

*Are you a sub-permittee under someone else's name? ☐ Yes ☐ No If yes, under whose name? _____

For New Applicants:

1. Have you been an assistant under a licensed rehabilitator or veterinarian? ☐ Yes ☐ No

If yes, under whose name and length of time as an assistant: _____

2. Please provide the experience, education, and/or training that you have had in the care and handling of wild animals.

Please provide dates: _____

3. List the wildlife rehabilitation reference materials (names of books, articles, etc.) that you possess. (Internet only is not acceptable.): _____

4. Please list the facilities, equipment and supplies you have on hand that will be used. Please be sure to list all of the cages and their sizes. _____

Note: Please attach additional pages if necessary to completely answer the questions.

For New Applicants and Renewals Mailed After January 15:
Please Have a Licensed Veterinarian (D.V.M.) Complete This Section Before Submitting:

I, _____, have had previous experience in the care of the wild animals listed on this application form and will assist the applicant with medical treatment of wild animals when necessary.

Signature of veterinarian _____ Date _____

Name of business _____ Telephone number (____) _____

Address of business (number and street, city, state, and ZIP code) _____

For All Applicants: Individuals Who Will Assist Applicant

1) Name _____ Telephone number (____) _____

Address _____ City _____ State _____ ZIP code _____

2) Name _____ Telephone number (____) _____

Address _____ City _____ State _____ ZIP code _____

3) Name _____ Telephone number (____) _____

Address _____ City _____ State _____ ZIP code _____

A conservation officer may enter the premises of the permittee at all reasonable hours to inspect those premises and any records relative to this permit. Please return completed application to:

Permit Coordinator
Division of Fish and Wildlife
402 W. Washington Street, Room W273
Indianapolis, IN 46204

AGREEMENT

I understand the regulations governing the rehabilitation of wild animals and agree to abide by them. Under penalty of perjury (*IC 35-44-2-1*), I affirm that the information supplied by me is true and correct to the best of my knowledge.

Signature of applicant _____ Date _____

FOR OFFICE USE ONLY

Date application received _____ Date permit issued _____ Expiration date _____

Approved by _____ Date approved _____

Comments: _____